

PROFILE OF FIRM FORM
(IFB Attachment C)
INVITATION FOR BIDS (IFB) No. B20001
NORA Office Furniture Systems

1. Prime Sub-contractor (This form must be completed by and for each).

2. Name of Firm:

Telephone:

Fax:

Email:

3. Street Address, City, State, Zip:

4. Please attached a brief biography/resume of the company, including the following information:
 (a) Year Firm Established; (b) Year Firm Established in Washington State; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

5. Identify Principals/Partners in Firm (submit under Tab No. 5 a brief professional resume for each):

Name	Title	% of Ownership

6. Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project; please submit under Tab No. 5 a brief resume for each. (Do not duplicate any resumes required above):

Name	Title

7. Proposer Diversity Statement. You must mark all the following that apply to the ownership of this firm and enter where provided enter the correct percentage (%) of ownership of each:

Caucasian
 American (Male)
 _____%

Public-Held
 Corporation
 _____%

Government
 Agency
 _____%

Non-Profit
 Organization
 _____%

Resident- (RBE), Minority- (MBE), or Woman-Owned (WBE) Business Enterprise (Qualifies by virtue of 51% or more ownership and active management by one or more of the following):

Resident
 Owned*
 _____%

African
 American
 _____%

Native
 American
 _____%

Hispanic
 American
 _____%

Asian/Pacific
 American
 _____%

Hasidic
 Jew
 _____%

Asian/Indian
 American
 _____%

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Woman-Owned
(MBE)

Woman-Owned
(Caucasian)

Disabled
Veteran

Other (Specify):
_____ %

WMBE Certification Number:

Certified by (Agency):

(NOTE: A CERTIFICATION/NUMBER IS NOT REQUIRED TO PROPOSE – ENTER IF AVAILABLE)

8. Federal Tax ID No.:

9. Local Business License No. (if applicable):

10. State of Washington License Type and No.:

11. Federal License Type and No.:

12. Worker’s Compensation Insurance Carrier:

Policy No.:

Expiration Date:

13. General Liability Insurance Carrier:

Policy No.

Expiration Date:

14. Professional Liability Insurance Carrier:

Policy No.

Expiration Date: